

ENERGY ASSISTANCE APPLICATION

Please apply in person

Application Date _____

Do you have a disability and need an accommodation or special help to complete this application? ☐ Yes ☐ No

Applicant Name **SAMPLE** Primary Language _____ DSS Client I.D. # _____
(last) (first) (middle initial)

Mailing Address _____ Home Telephone (____) - _____
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Service Address _____ Day Time Phone (____) - _____
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Total Number of Household Members _____ Number of Persons Disabled _____ Food Stamp Household ☐ Yes ☐ No (If yes, all members must receive Food Stamps)

Listing yourself first, complete all spaces below for ALL persons living in the home. Use a separate sheet of paper if necessary.

Name (last, first, middle initial)	Relationship	Social Security #	Race	Sex M / F	Disabled Y or N	Age	Birthdate m/d/yr	Student Status	Education	Marital Status	Health Insurance Y or N	WIC Y or N	Veteran Y or N	Receive F.S. Y or N
SELF	SELF													

HOUSING/ENERGY DATA

Note: Verification of rent or mortgage payment (if applicable) may be required. Verification of your current bill is needed if you heat with electricity or natural gas.

Do you own a home? ☐ Yes ☐ No Are you still paying a mortgage? ☐ Yes ☐ No If Yes, what is your monthly mortgage payment? \$ _____

Do you rent? ☐ Yes ☐ No Do you live in subsidized rental housing? ☐ Yes ☐ No Monthly Rent Payment (your portion) \$ _____

Landlord of Agent Name or Company Name _____

Landlord Address _____ Landlord Telephone (____) _____
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Are you a roomer in someone else's home? ☐ Yes ☐ No Do you live rent-free in someone else's home? ☐ Yes ☐ No If you answer yes to either of these 2 questions, STOP, because the head of the household must complete the application.

Type of Dwelling: ☐ Single Family ☐ Two Family ☐ 3-5 Units ☐ 6+ Units ☐ Mobile Home ☐ In-Law Apt. ☐ Other (specify) _____

Method of paying heat: ☐ Heat included in rent ☐ Payment to vendor Is your fuel tank shared with another household? ☐ Yes ☐ No

What is your primary heating source? ☐ Oil ☐ Natural Gas ☐ Propane ☐ Electric ☐ Coal ☐ Wood ☐ Kerosene ☐ Other (specify) _____

What is the name of your primary heating source fuel dealer or utility company? _____

Address _____ Name on Account _____ Acct. No. _____

Electric Company Name _____ Name on Account _____ Acct. No. _____

FINANCIAL DATA	Note: Verification of Income (including benefits) is required APPLICANT'S NAME _____		
INCOME SOURCES		INCOME FREQUENCY (weekly, bi-weekly, monthly, etc.)	HOUSEHOLD MEMBER(S) RECEIVING INCOME
Employment Wages			
Public Assistance (TANF, SAGA, State Supp., etc.)			
Child Support/Alimony			
Veteran's Benefits			
Unemployment Compensation			
Social Security/SSI Benefits			
Worker's Compensation/Disability Insurance			
Retirement/Pensions/Annuities			
Rental Income			
Self-Employment			
Contributions from Friends/Relatives			
Zero Income			
Other			
APPLICATION CERTIFICATION			
<p>I have read this form, or it has been read to me in a language that I understand. I understand what is in the form. As the applicant for my household, I swear that all statements made by me on this application are true, correct and complete to the best of my knowledge. I understand that if any household members are aliens, only qualified aliens may be eligible to receive federal energy assistance benefits.</p> <p>I agree to provide to the Department of Social Services, or to its energy assistance contractor, the community action agency, any information, including wages, asset information and bills in my name as the head of household or of a household member of majority status, which is necessary to determine my household's eligibility. I also understand that the community action agency or the Department of Social Services may verify or confirm any information required to determine my eligibility for this program. I agree that the information in this application may be provided to my energy vendors for purposes of the administration of the Energy Assistance Program, and to any programs operated by the community action agency or DSS for which I may be eligible for benefits. I also give consent for this information to be provided to any authorized government agency. I agree for my energy vendors to provide the community action agency or DSS information about my energy account and/or usage. I also understand that information in this application may be used for evaluations and surveys.</p> <p>I understand that if I am granted assistance as a result of my error, misrepresentation or fraud, I must repay, in full, the amount of the assistance provided, and I will not be eligible for assistance for the rest of the program year and for the following two (2) years. I also understand that if I have knowingly given any false or incorrect information, I may be subject to prosecution and penalties for false statements and larceny, as specified in sections 53a-122, 53a-123, and 53a-157b of the Connecticut General Statutes. These penalties may include imprisonment. I may also be subject to prosecution and penalties provided under federal law.</p> <p>I have received a copy of the Notice of Applicant Rights and Service Availability form.</p>			
_____ Applicant's Signature		_____ Witness/Interpreter/Legal Representative	_____ Date
_____ Intake Worker's Signature		_____ Intake Site	
<p>I swear or affirm that the certifications given are true, correct and accurate as stated and/or supplied by the applicant and understand that the provision of false, fraudulent or misleading information is punishable by state law.</p>			
_____ Certifier's Signature		_____ Date	W-1104 (Revised 8/08)